



**SEPTAGE WASTE  
EDUCATION AND TRAINING PROGRAMS  
APPROVAL APPLICATION**

Authority: Act 451, P.A. 1994

Michigan Department of Environmental Quality

Resource Management Division

P.O. Box 30241

Lansing, MI 48909-7741

Internet Address: <http://www.michigan.gov/septage>

**DO NOT WRITE IN THIS BOX**

Approved: Yes [ ] No [ ]

Approval Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

Contact Hours \_\_\_\_\_

**REQUIRED STANDARDS-** For approval, the following standards must be met for each Educational and/or Training Program.

1. Training must, upon approval, relate to the duty, responsibility, operation, maintenance, or supervision of septage waste servicing business septage waste treatment or on-site wastewater treatment.
2. A teaching outline or agenda showing the duration of each program segment must be submitted.
3. Instructors must be identified in advance or concurrently with this application.

Applicants will be notified of the status of their application within 90 days. If the course is approved, a record of training activity must be provided, as identified in the approval letter.

Application Date

**I. APPLICANT INFORMATION**

Firm or Company Name	Contact Person	Telephone Number
E-mail Address	Website	Fax Number
Mailing Address	City	State
		Zip

**II. PROGRAM INFORMATION** - Submit the following information on each educational or training program for which approval is desired. Reference to attachments may be noted in the appropriate space.

*Failure to complete this application will result in nonapproval of the requested training program.*

1.
Program Name
Location Address
City
State
Zip
Dates and Time of Program
2. Is this course offered online? _____ If Yes, provide link to access the course. _____
3. Program Description: Include how this training relates to the duties, responsibilities, operation, maintenance, or supervision of a septage waste servicing business, septage waste treatment, or on-site wastewater treatment and disposal.
4. List the instructional materials used in the program. _____
5. What is the number of contact hours, excluding breaks, lunch, etc., required to conduct program? _____
6. How is attendance monitored and verified? _____
7. What will be the criteria or performance measurement used to determine a participant's successful program completion? (Check any or all that apply)
<input type="checkbox"/> Attend and participate in each session.
<input type="checkbox"/> Satisfactorily perform a learned technique or skill.
<input type="checkbox"/> Pass a program ending quiz or exam
<input type="checkbox"/> Other _____

### III. INSTRUCTOR INFORMATION

1. Names and Titles of Instructors \_\_\_\_\_

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***The Michigan Department of Environmental Quality (MDEQ) will not discriminate against any individual or group on the basis of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. Questions or concerns should be directed to the MDEQ Office of Personnel Services, PO Box 30473, Lansing, MI 48909.***